

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4816

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
De Paul Hospital ()
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 3 weeks
years, months or days)

3. (a) PRINT FULL NAME Joseph B. Dick

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice Dick
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Feb. 20 1885
(Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 19
If less than one day
hr. _____ min. _____

9. Birthplace Bavaria Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Tallow

12. Name Unknown

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alice Dick

(b) Address 5786 Westminster

17. (a) Burial (b) Date thereof 6-11-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Herman Rudolph

(b) Address 5216 Delmar Blvd.

19. (a) JUN 10 1941 (b) J. B. Dick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5786 Westminster
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
year 1941 hour 8:45 minute 0 M.

21. I hereby certify that I attended the deceased from
May 27 1941 to June 9 1941;
that I last saw him alive on June 9 1941;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Cancer of stomach Duration ?

Due to (Gastric Resection)

Date of June 29 - 41

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Cancer of stomach
Of operations Not done

Of autopsy Not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)
(e) Means of injury _____

23. Signature J. B. Dick (M. D. or other) 6-10-41

Address 4952 Maryland Date signed 6-10-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Chas. W. Cooper

Licensed Embalmer No.....

3830

P. O. Address.....

5316 Delmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.